## <u>A F F I D A V I T</u>

Before me, the undersigned authority, a Notary Public, in and for said County and State of Alabama at Large, personally appeared Arnold M. Holt, who being known to me and being by me first duly sworn, deposes and says under oath as follows:

My name is Arnold M. Holt, and I am presently employed as a Correctional Warden III, with the Alabama Department of Corrections, Bullock County Correctional Facility, Post Office Box 5107, Union Springs, Alabama 36089. I am over twenty-one (21) years of age.

I certify that the attached Behavior Citation in the name of Eric Thomas, BM/137013, is a true and correct copy of the document on file here at Bullock County Correctional Facility.

**Bullock County Correctional Facility** 

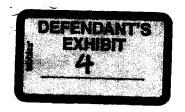
STATE OF ALABAMA)

COUNTY OF BULLOCK)

SWORN TO AND SUBSCRIBED before me and given under my hand and official seal on this the day of August 2005.

NOTARY RUBLIC

My Commission Expires: 2/24/2009.



Case 2:05-cv-00605MAHPRESSTIBUTIONS THE HAVIOR GUZZAZION Page 2 of 2

NMATE:_	Eric	Thomas		AIS: <u>9/m-13</u>	7013	CELL/DOR	M/BED: /	6-41
CILITY:	Bullock	County Co	Nectional	_JOB ASGM	T: <u>Lau</u>	ndry	_ CUSTO	OY:
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Location of	infraction:	Laundry						
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I have inve		circumstances	surrounding t	his citation and	i recomm	end the follo	wing sanct	ions to be taken
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	() Counse	eling/Warning	(4) Loss of	Telephone Pr	ivileges to	or <u>45</u>	_ days	
.4	(*)Loss of	f Canteen Privil	eges for <u>4</u>	5 days ()	Removal	from Incent	ive Progran	n .
1	(4) Loss of	f Visiting Privil	eges for <u></u>	<u>S</u> days (	) Remova	d from Hobb	oy Crafts Pr	ogram
/ <del>'</del> '	() Extra I	Outy for d	ays at he	ours per day ur	ider super	vision of $\_\_$	shift	
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Tomate's S	ignature/AI	S/Date	<del>do joe</del> na	Shift	Supervisor	r's Signatur	e/Title	
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*** Wear	ng of PINK	CLOTHING I	ust be approv	ed by the War	den.			•
	<del> </del>	this citation an				nted, the fol	lowing acti	on is approved:
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Citation	e and sancu	ons are approve	rd as modified	l helow				
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· <del></del>								
(") Citatio	n and sancti	ons are disappr	oved and form	nal disciplinary	action is	to be immed	liately initi	ated under the
provisions								
		ons are disappro	oved. Expun	ge action from	inmate's	file		
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Effective T	Date of Sano	etions :		Ward	en/Design	ee's Signatu	re/Date /	405
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